

Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR CEMETERY WAREHOUSE APPROVAL

Name of Cemetery Warehouse Keeper <input type="text"/>	Daytime Telephone Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address (street, city, state, zip) <input type="text"/>	
Location of Warehouse (street, city, state, zip) <input type="text"/>	
Email Address <input type="text"/>	
Select one: <input type="checkbox"/> I have attached a copy of a current warehouse keeper's license from the Wisconsin Department of Agriculture, Trade and Consumer Protection. <input type="checkbox"/> I have attached a copy of a current warehouse keeper's credential or other document by the State of <input type="text"/> <input type="text"/> This document shows that the warehouse has been approved to store cemetery merchandise in such state. The wholesale value of the cemetery merchandise that is stored and to be transported to Wisconsin as of the date of this application is \$ <input type="text"/> .	

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature of Warehouse Keeper:

Date: / /

Out-of-State Warehouse

If applicant is applying for approval of a warehouse located in a state other than Wisconsin, applicant must submit a bond, furnished by a surety company authorized to do business in Wisconsin. It must be in an amount of at least 100% of the wholesale value of the cemetery merchandise that is stored and to be transported to Wisconsin as of the date of this application. The bond must be payable to the State of Wisconsin for the benefit of purchasers of stored property or their assignees. This Department must approve the amount of the bond before the warehouse will be approved.